

NOTICE OF DRUG TEST

No application for employment with the City of Fayetteville will be accepted unless the NOTICE OF DRUG TEST has been completed, signed and attached to the application agreeing to the administration of a pre-employment drug test.

Printed name of the undersigned

I hereby acknowledge that all applicants for employment with the City of Fayetteville, Georgia are required to take a pre-employment drug test before the applicant is considered for employment.

The drug test will test for the presence of illegal drugs, alcohol, and prescription drugs in my body.

I understand that I am guaranteed a right of privacy which allows me to refuse the drug test; but without completion of a drug test I will not be considered for employment with the City of Fayetteville.

By signing this NOTICE OF DRUG TEST I waive my expectation of privacy and upon acceptance and completion of the employment application, I will be asked to take a drug test. At no time will I be forced to take the drug test; however, the drug test is mandatory for employment with the City of Fayetteville.

By signing below I acknowledge that I can read the English language and that I understand this document. By signing below I waive my right to privacy as to a pre-employment drug test as described above, and I agree to submit to a pre-employment drug test administered pursuant to City of Fayetteville Pre-Employment Drug Testing Policies and Procedures. I agree to be bound by the results of such test, including the denial of my application for employment with the City of Fayetteville should illegal drugs or alcohol be detected, or should prescription drugs be detected without a valid and current prescription in my name for the particular prescription drug detected.

Undersigned Signature: _____

Printed Name: _____

Date: _____